

## DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



January 23, 2002

ALL-COUNTY LETTER NO. 02-06

TO: ALL COUNTY WELFARE DIRECTORS  
ALL FOOD STAMP PROGRAM  
COORDINATORS

REASON FOR THIS TRANSMITTAL

- ☒ State Law Change
- ☐ Federal Law or Regulation Change
- ☐ Court Order or Settlement Agreement
- ☐ Clarification Requested by One or More Counties
- ☐ Initiated by CDSS

SUBJECT: NEW SIMPLIFIED APPLICATION FORM FOR NONASSISTANCE  
FOOD STAMP (NAFS) HOUSEHOLDS (DFA 285 A1 AND A2) –  
AVAILABLE MARCH 1, 2002

REFERENCE: DFA 285 A1 AND DFA 285 A2 (APPLICATION FOR FOOD STAMPS),  
DFA 285 A3 (IMPORTANT FACTS FOR FOOD STAMP APPLICANTS), FS  
8 (IMPORTANT INFORMATION ABOUT REQUIRED VERIFICATIONS),  
AND FS 9 (FOOD STAMPS IMPORTANT INFORMATION)

The purpose of this letter is to transmit the new simplified food stamp application form and the implementing instructions to county welfare departments (CWDs). Also included in this transmittal are new informing documents associated with the new application.

**BACKGROUND:**

Senate Bill (SB) 2013, Chapter 682 (Statutes of 2000) required the California Department of Social Services (CDSS), in conjunction with other key stakeholders, to develop a shorter, simpler food stamp application form for nonassistance food stamp cases. The intent of the bill was to increase outreach activities in the community-based organizations (CBOs) and participation in the Food Stamp Program (FSP).

A workgroup, consisting of representatives from the state, counties, and advocate community, was established to develop the form. The workgroup established general principles that were used to develop alternatives to the current form. Two forms were then focus tested in the counties of Los Angeles, Santa Clara, and Riverside. Testing was conducted with county eligibility workers (EWs) and food stamp applicants in both English and Spanish languages. Most applicants and EWs liked both applications for their format, color, and simplicity.

In making the final selection, the CDSS found that this form is more likely to increase food stamp participation due to ease of completion for applicants, be less error prone, and increase client /worker interaction (allowing the worker to clarify more sensitive questions, such as immigration status, fleeing felon, etc).

## **HOW TO USE THE NEW DFA 285 A1 (APPLICATION) AND DFA 285 A2 (STATEMENT OF FACTS) APPLICATION FORMS**

### Initial Application Process:

Counties are required to provide the applicant with only the new DFA 285 A1 (Application form) for completion. This form is used to capture the application date and request for emergency food stamp benefits. It collects only the basic information from the client prior to the interview. The applicant is not given the new DFA 285 A2 (Statement of Facts) until the interview. At the face-to-face interview, the DFA 285 A2 is used to collect all the necessary remaining information to determine eligibility and benefit level. The county worker and the client, during the interview, must review the completed DFA 285 A1, complete the DFA 285 A2 with the EW asking the client questions and documenting the applicant's answers. After the EW completes the DFA 285 A2, the applicant reviews the completed form and signs it, attesting to the accuracy of the answers. Counties that conduct group intakes/interviews can use the new DFA 285 A2 in the same manner as the old DFA 285 A2 (Statement of Facts) was used.

There is no change in how automated counties conduct interactive interviews. However, all counties are required to accept the new forms from applicants without requesting duplicate information from the applicant during the interview, regardless of whether the county uses the new DFA 285 application forms or its existing interactive interview method. In addition, because the new application form was designed to help with outreach activities, we encourage all counties to ensure that the new applications are readily available in county welfare offices and to provide copies to community-based organizations.

### Mail-In Process:

Although the new DFA 285 A2 is designed to be completed by the eligibility worker during the face-to-face interview with the applicant, both the DFA 285 A1 and the DFA 285 A2 may be completed by mail if the applicant is unable to come into the welfare office because of special situations, such as disability, age, or hardship. These forms may also be mailed out in order to initiate the recertification process.

### Recertification Process:

Counties are to use the new DFA 285 A1 and the DFA 285 A2 to recertify food stamp cases. If counties mail out applications for completion as part of their recertification process, the client may be mailed both the A1 and A2 to complete before the interview. At the interview, the application is reviewed by the eligibility worker for completeness and then signed by the client.

## **FORMS ASSOCIATED WITH THE ACL**

The following are the forms associated with the ACL; these forms were either revised or overhauled to enhance simplicity and to eliminate duplicated information. See attached chart of comparison of the old versus new forms.

### DFA 285 A1 (Application form):

This is used to capture the application date and request for emergency food stamp benefits. Questions on this form were reorganized and placed under specific categories, such as income, resources, etc.

### DFA 285 A2 (Statement of Facts):

This is designed to be completed by the eligibility worker during the face-to-face interview with the applicant. It is used to collect all necessary remaining information to determine eligibility and benefit level.

### DFA 285 A3 (Your Rights and Responsibilities):

This document provides information on the client's rights and responsibilities when they apply for food stamp benefits.

### FS 22 (Applying for Food Stamp Benefits):

This is a new document, which condenses both the FS 8 and FS 9. This document provides clients with important information on how to apply for food stamp benefits and what verification documents they need to provide. It is given to the applicant when he or she applies for food stamp benefits. Basically, it is used in the same manner as the old FS 8 and FS 9.

### FS 23 (How to Report):

This is a new document. The information contained in this document was pulled from the DFA 285 A3 to create a separate informing document. This was necessary to ensure that the applicant was not overwhelmed by including information that can wait until the applicant is certified to receive food stamp benefits. Basically, this document is to be given to the household after the interview.

## **AVAILABILITY OF NEW FORMS FOR ORDERING**

Although the new simplified food stamp forms become available on March 1, 2002, counties are encouraged to use up their old stock of the existing DFA 285 A1, DFA 285 A2, DFA 285 A3, FS 8, and FS 9 before using the new forms. Counties that wish to start using the new forms can do so once the forms are available. Copies of the English and Spanish versions of these new forms will be available for ordering by March 1, 2002, through your particular county's usual ordering process.

## **TRANSLATION AND CAMERA-READY COPIES**

For camera-ready copies of English and Spanish forms, please call Forms Management Unit (FMU) at (916) 657-1907 or CALNET at 437-1907. If your office has Internet access, you may obtain these forms from the California Department of Social Services' (CDSS) web page at: <http://www.dss.cahwnet.gov>. To accommodate agencies without Internet access, copies will be available by contacting FMU.

Your Forms Coordinator now receives all translations as soon as they become available, if your county is on the Language Translation Services (LTS) mailing list. All translated messages in Russian and Chinese versions of forms will follow shortly. Please call LTS at (916) 654-1282 if your county does not receive the Russian and Chinese translations.

### Contacts

If you have any questions regarding this letter, please contact Rosemary Akhidenor, Analyst, Food Stamp Bureau, Policy Implementation Unit, at (916) 654-2116.

Sincerely,

***Original document signed by***

BRUCE WAGSTAFF  
Deputy Director  
Welfare to Work Division

Enclosures

c: CWDA  
CSAC

**COMPARISON OF OLD FORMS AND NEW FORMS (ENCLOSURES)**

<b>Existing Forms</b>	<b>New Simplified Forms</b>	<b>Description</b>
<u>DFA 285 A1:</u> Part 1-Application for food stamps	<b><u>New DFA 285 A1:</u></b> <b>Application for food stamp benefits</b>	The <u>new</u> DFA 285 A1 replaces the existing DFA 285 A1 (revised 01/01). This form is used in the same manner as the existing A1 to capture the application date and request for emergency food stamp benefits. It also captures household composition.
<u>DFA 285 A2:</u> Part 2-Statement of Facts	<b><u>New DFA 285 A2:</u></b> <b>Statement of Facts</b>	The <u>new</u> DFA 285 A2 (Statement of Facts) replaces the current DFA 285 A2 (revised 07/99). This form is designed to be completed by the eligibility worker during the face-to-face interview with the applicant. It is used to collect all the necessary remaining information to determine eligibility and benefit level.
<u>DFA 285 A3:</u> Important Facts for Food Stamp Applicants	<b><u>New DFA 285 A3:</u></b> <b>Your Rights and Responsibilities</b>	The new DFA 285 A3 replaces the existing DFA 285 A3; however, it contains the applicant's rights and responsibilities only. This document provides clients with information on their rights and responsibilities when they apply for food stamp benefits. It must be given to the client in the same manner as the existing DFA A3.
<u>FS 8:</u> Important Information about Required Verifications in the Food Stamp Program	<b><u>New FS 22:</u></b> <b>Applying for Food Stamp Benefits</b>	The new FS 22 replaces the existing FS 8 and FS 9. This document provides clients with important information on how to apply for food stamp benefits and what verification documents they need to provide. It must be given to the applicant in the same manner as the existing FS 8 and FS 9 (when the applicant applies for food stamp benefits).
<u>FS 9:</u> Food Stamps Important Information	<b><u>New FS 22:</u></b> <b>Applying for Food Stamp Benefits</b>	See above.
<b><u>FS 23:</u></b> <b>(New Form)</b>	<b><u>New FS 23:</u></b> <b>How to Report</b>	The reporting information was pulled from the DFA 285 A3 to create a separate informing document. This form provides information to the food stamp households about their reporting requirements. This document is to be given to households after the interview.



**Providing Nutritional  
Assistance to All Ages**

## Application For

# Food Stamp Benefits

Follow these simple steps to apply for food stamp benefits.

**Note:** If you have a disability or need help completing this application, please let a worker know and someone will help you.

**Step 1:** Fill out as much of this application as you can, sign on page 1, and return it to the local food stamp office. We need at least your name, address and signature. **If you are without money for food, you may be able to get emergency food stamp benefits in three (3) days. You need to answer all checked (✓) questions on all pages.**

**Step 2:** You will be scheduled for an interview with a food stamp worker who will go over this application with you and will ask you more questions to complete the application process.

**Step 3:** You must bring proof of identification and income to your interview. You should bring other items as well, such as rent receipts, utility bills, or paycheck stubs. If you do not report and provide proof of expenses, no deduction from your income will be allowed for those expenses.

## Important Information for Immigrants

- You can apply for and get food stamp benefits for eligible family members, even if your family includes other members who are not eligible because of immigration status. For example, immigrant parents may apply for food stamp benefits for their U.S. citizen or qualified immigrant children, even though the parents may not be eligible for benefits.
- You do not have to provide immigration status information, social security numbers, or documents for any family members who are not eligible for food stamp benefits because of immigration status and who are not asking for food stamp benefits.
- Using food stamp benefits will not affect your immigration status or the immigration status of your family. Immigration information is private and confidential.

## Applying For Food Stamp Benefits

# Useful Tips and Information

Please read the following—there is nothing to fill out on this page.

### WHAT WE MEAN WHEN WE SAY

To help you understand some of the words used in the application and the interview, refer to the definitions below.

**You, Anyone, Everyone** — Any and all persons who live in your home and who are applying for food stamp benefits. When we need information about the other people in your home, we will ask you.

**Your Household** — People living in the home who buy and prepare food together and are applying for food stamp benefits.

**Food Stamp Benefits** — Benefits for low-income households to help buy food.

**Food Stamps Expedited Service** — Food stamp benefits available to you within three (3) days.

**Resources** — Money you have, such as:

- Cash on hand, uncashed checks, money in checking accounts, savings accounts, or savings certificates, etc.
- Trust deeds, notes receivable, stocks or bonds, etc.

**Utilities** — Gas, electricity, heating, fuel, telephone (basic rate), utility installation, garbage and trash pickup, water, sewage, etc.

**Income** — Money received or expected to receive this month, such as:

- Earnings, welfare, child support, SSI or Social Security, or veterans payments
- Pension or retirement payments
- Unemployment (UIB), State Disability (SDI) or other disability
- Strike funds, payments from roomers, school grants and loans
- Cash gifts, cash winnings, or any other cash payments

**Cash Aid** — California Work Opportunity and Responsibility to Kids (CalWORKs), Refugee Assistance, or your county's local Cash Aid program [General Assistance or General Relief (GA/GR), or Cash Assistance Program for Immigrants (CAPI)].

### OTHER THINGS YOU SHOULD KNOW

- **You may wonder why we ask some of the questions. All questions are required by Federal/State law to determine your eligibility for food stamp benefits.**
- You can apply for food stamp benefits and cash aid at the same time and have only one interview for both, except when you apply for GA/GR as a cash aid.
- If your food stamp benefits, Authorization Document (AD) or issuance cards are lost in the mail, you must report it before the end of the month in which you should have gotten them. But if they were stolen or destroyed, you must report your loss within ten (10) days of the incident.
- If you receive too many food stamp benefits, you will have to pay them back and/or your benefits may be lowered or stopped. Your Social Security Number (SSN) may be used to collect the amount of benefits owed, through the courts, other collection agencies and for federal government collection action.
- Your SSN will be used to check identity to prevent duplicate participation and to verify eligibility and benefits. The SSN will be used in computer matches to check your income and resources with records from tax, welfare, employment, the Social Security Administration and other agencies. Differences may be checked out with you and with employers, banks, or others. Fraudulent participation in the Food Stamp Program may result in criminal or civil action or administrative claims.
- Providing your SSN is not required when you first submit your application. However, you will be asked to give us information to figure the eligibility and benefits for other members of your household. You usually have to give us your SSN(s) or proof of application for your SSN(s) before we can give you any benefits. We can deny you or any member of your household benefits for failure to provide an SSN.

### COMPLAINTS AND STATE HEARINGS

If you have a complaint, try to work it out with the county. If you can't work it out, you may call or write to:

California Department of Social Services  
744 P Street, MS 19-37  
Sacramento, CA 95814  
Phone Number: 1-800-952-5253,  
or for the hearing or speech impaired call  
1-800-952-5349

If you think any action taken by the County is wrong, you can ask for a State Hearing by writing to your local county welfare office or by calling the phone numbers listed above. You must ask for a hearing within ninety (90) days of the action and tell why you want one.

The law says that all applicants/recipients for aid, benefits or services are to be treated fairly without regard to race, color, national origin, political affiliation, religion, marital status, sex, age or disability.

If you think you have been discriminated against, you may file a complaint by:

1. Contacting your county's civil rights coordinator; or
2. Writing to or calling:

The state's Civil Rights Bureau, M.S. 15-70,  
P.O. Box 944243, Sacramento, CA 94244-2430  
1-866-241-6241 (Toll Free)

3. Or for Food Stamp benefits only, writing to:

U.S. Department of Agriculture  
Food and Consumer Service, Civil Rights Office  
550 Kearny Street  
San Francisco, CA 94108-2518

# Application for Food Stamp Benefits

## Applicant Information

1. Please fill out the following personal information for the person requesting food stamp benefits.

Name (Last, First, Middle)	
Telephone Number (include area code)	
Home Address (Street , P.O Box, Apt. #)	
City, State, Zip Code	
Mailing address (if different from above)	
City, State, Zip Code	

2. The food stamp office can provide an interpreter at no cost to you. Would you like an interpreter at your interview? ☐ Yes ☐ No If "Yes," what language? \_\_\_\_\_

3. To help us improve our services to you, please complete A and B below. If you don't complete these items, the county will do it for you. Check all that apply. This will not affect your eligibility.

A. ETHNIC GROUP – ☐ White ☐ Hispanic ☐ Black ☐ Filipino ☐ Chinese  
☐ American Indian or Alaskan Native ☐ Japanese ☐ Korean ☐ Guamanian ☐ Samoan  
☐ Vietnamese ☐ Asian Indian ☐ Laotian ☐ Hawaiian  
☐ Other Asian or Pacific Islander (*specify*) \_\_\_\_\_

B. PRIMARY LANGUAGE – ☐ English ☐ Spanish ☐ Lao ☐ Tagalog  
☐ American Sign ☐ Cantonese ☐ Cambodian ☐ Vietnamese ☐ Russian  
☐ Other (*specify*) \_\_\_\_\_

✓ 4. Someone in the household is: (check more than one if applicable)

☐ Disabled ☐ Homeless  
☐ Elderly (60 & older) ☐ Migrant/Seasonal Farmworker –  
☐ Without money for food Has your only income stopped? ☐ Yes ☐ No

5. Do you have a physical or mental condition that requires special help during your interview with a food stamp worker? ☐ Yes ☐ No

✓ 6. How much is your rent or mortgage this month? \$ \_\_\_\_\_

✓ 7. How much are your utilities this month, if separate from your rent or mortgage? \$ \_\_\_\_\_

**I have been informed about getting emergency food stamp benefits within three (3) days.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

County Use Only:

Case Name \_\_\_\_\_ Case # \_\_\_\_\_

Application Type: ☐ New ☐ Recert Date received by County \_\_\_\_\_

Screened for Expedited Service (ES)? ☐ Yes ☐ No ES Eligible ☐ Yes ☐ No



# Application for Food Stamp Benefits

## Household Information

8. Complete the following information for all persons in the home, including yourself. The County will use this information to determine eligibility only.

Name (Last, First, Middle)	Social Security Number (If none, write none)	Relationship (i.e. son, wife, friend , foster child)	Circle one	Date of Birth	Do you buy and prepare food with this person? (Circle one)
1.			Male / Female		Yes / No
2.			Male / Female		Yes / No
3.			Male / Female		Yes / No
4.			Male / Female		Yes / No
5.			Male / Female		Yes / No
6.			Male / Female		Yes / No
7.			Male / Female		Yes / No
8.			Male / Female		Yes / No
9.			Male / Female		Yes / No
10.			Male / Female		Yes / No

## Income and Employment

✓ 9. Do you have or will you receive any income this month? ☐ Yes ☐ No

List all your household income below:

Name of person who gets money	How much each month?
	\$
	\$
	\$
	\$

## Resources

✓ 10. How much money do you have? This includes money in bank accounts, in your home, or any other place. \$ \_\_\_\_\_

County Use Only:

# Application for Food Stamp Benefits

## Important Information

- The U.S. Department of Agriculture (USDA) prohibits discrimination in all of its programs and activities on the basis of race, color, sex, religion, national origin, or political beliefs. You may file a complaint if you think you have been discriminated against. If you disagree with the decision of the county, an appeal process is available to you.
- The information on this application may be shared with federal, state and local agencies only for the purposes of verifying eligibility for the Food Stamp Program. This process may include confirmation with the INS of the immigration status only of those persons seeking food stamp benefits. Federal law says the INS cannot use the information for anything else except cases of fraud.

## Signature

I certify under penalty of perjury under the laws of the United States of America and the State of California that the information I have provided on this application is true, correct and complete.	
Signature (Adult Household Member or Authorized Representative)	Date
Signature of Witness or Interpreter	Date
Signature of Eligibility Worker	Date

# Statement of Facts

This form is designed to be filled out by the eligibility worker during the face-to-face interview with the applicant. However, it can be completed by the client in special situations, such as recertifying the food stamp household or applying by mail.

## A. Are all persons in the household U.S. citizens?

☐ Yes ☐ No

(If yes, skip to E)

*Applicants do not have to provide immigration status information or documents for any family members who are not eligible because of immigration status and who are not applying for benefits.*

Name of Person:	Sponsored?	How many years has each person in your household been in the U.S.?	In how many of those years did you, your spouse, and/or your parents (before you were 18) earn money through work in the U.S.?	How many years, if any, did you, your spouse, and/or your parents (before you were 18) work in the U.S. or for a U.S. company while not living in the U.S. ?
1.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
4.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
5.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
6.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
7.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
8.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
9.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
10.	<input type="checkbox"/> Yes <input type="checkbox"/> No			

## B. Is any noncitizen in the home on active duty in the U.S. military, a veteran, or the spouse or dependent child of someone on active duty or a veteran? If yes, explain:

☐ Yes ☐ No

Name of person:	Branch of service:	Date served:	Name of person(s) with work quarters:

## C. Is anyone in the home a battered noncitizen?

☐ Yes ☐ No

## D. Does anyone have at least 40 quarters or 10 years of work history in the USA? If yes, give their name(s) below:?

☐ Yes ☐ No

Name of person(s) with at least 40 work quarters:

## COUNTY USE ONLY

Case Name

Case Number

Worker Number

Date

## TYPE OF APPLICATION

☐ New ☐ Recert  
☐ Residency verified  
☐ Length of time in another's home

☐ FS ID verified  
☐ Received food stamps  
 Where? \_\_\_\_\_  
 When? \_\_\_\_\_

## Household Information

Name	Eligible?	Reasons
1. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
2. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
3. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
4. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
5. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
6. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
7. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
8. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
9. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
10. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

 Honorable Discharge verified  
☐ YES ☐ NO

 INS Petition Filed?  
☐ YES ☐ NO

☐ 40 Quarters Verified  
☐ Own Quarters  
☐ Spouse's Quarters  
☐ Spouses' Combined Quarters  
☐ Parent(s) Quarters

 CFAP ☐ YES ☐ NO  
 Person #: \_\_\_\_\_

# Statement of Facts

**E. Is anyone in the home 60 years of age or older and unable to buy food and fix meals? Is anyone in the home blind, deaf, disabled or pregnant? If yes, explain below:**

☐ Yes ☐ No

Name	Explain	Name	Explain

**F. Does anyone live in any of the following types of facilities or take part in any food program including those listed below? If yes, explain below:**

☐ Yes ☐ No

- Homeless shelter
- Shelter for battered women
- Reservation for Native Americans
- Drug/Alcohol rehabilitation center
- Federally subsidized housing
- Communal dining facility for the elderly/disabled
- Group living arrangement for the blind/disabled
- Food distribution program
- Correctional facility/Penal institution
- Psychiatric hospital
- Mental institution

Name	Name of center/shelter/food program/etc.	Date entered	Date expected to leave

**G. Do you pay anyone or does anyone pay you for meals and/or a room? If yes, explain below:**

☐ Yes ☐ No

Name of person who pays for meals/room	Name of person who provides meals/room	Check: <input checked="" type="checkbox"/> Meals <input type="checkbox"/> Room <input type="checkbox"/> Both	How much?	How often?	# of meals per day?

**H. Is any member of your household running from the law to avoid felony prosecution, custody or confinement after conviction, or is any member in violation of probation or parole? If yes, explain below:**

☐ Yes ☐ No

Name	Explain	Name	Explain

**I. Have you or any member of your household been convicted of a drug-related felony for possession, use, or distribution of a controlled substance after August 22, 1996? If yes, explain below:**

☐ Yes ☐ No

Name of person convicted	Date of conviction:	Date committed:

**J. Have food stamp benefits been stopped for anyone because of work or training sanctions or failure to meet able-bodied adult without dependent (ABAWD) work requirements or for an Intentional Program Violation or welfare fraud? If yes, explain below:**

☐ Yes ☐ No

Name	What?	Why?	When?	How Long?	What County/State?

## COUNTY USE ONLY

Separate household required  
☐ YES ☐ NO

Medical Expenses  
DFA 285C Completed  
☐ YES ☐ NO

FS Eligible Facility  
☐ YES ☐ NO

### Household Elects

Boarder HH Member Roomer

Boarder HH Member Roomer

Exemption from FS work registration and/or the ABAWD work requirements?  
☐ YES ☐ NO

Good cause if sanction was imposed?  
☐ YES ☐ NO

Minimum FS sanction completed?  
☐ YES ☐ NO

Met ABAWD requirements for regaining eligibility?  
☐ YES ☐ NO

Eligible for 3 consecutive ABAWD months?  
☐ YES ☐ NO

# Statement of Facts

**K. Is anyone, 16 years of age or older, enrolled in school, college, or a training program? If yes, explain below:**

☐ Yes ☐ No

Name of person	Name of school	<input type="checkbox"/> Full time <input type="checkbox"/> Half time <input type="checkbox"/> Other	# of units per semester/qtr	Working? <input type="checkbox"/> Yes <input type="checkbox"/> No # of hours: _____
Name of person	Name of school	<input type="checkbox"/> Full time <input type="checkbox"/> Half time <input type="checkbox"/> Other	# of units per semester/qtr	Working? <input type="checkbox"/> Yes <input type="checkbox"/> No # of hours: _____

**L. Has anyone in the last 60 days quit/refused work or training? Is anyone on strike? If yes, explain below:**

☐ Yes ☐ No

☐ Yes ☐ No

Name of person	On strike Quit/Refused Work <input type="checkbox"/>	Last day worked	Last date paid
Name/Address of employer/training		If quit or refused work/training, explain.	

**M. Has anyone sold, spent, or given away any real or personal property in the last 3 months, such as a house, car, bank account, money from a legal or accident settlement or anything else? If yes, explain below:**

☐ Yes ☐ No

Name	Explain

**N. Does anyone own or is anyone buying real estate anywhere (in or outside of the United States)? If yes, explain below:**

☐ Yes ☐ No

Type	Address or location	Used as: <input type="checkbox"/> Home <input type="checkbox"/> Rental	Owner:	Estimated value:  Amount owed:
Type	Address or location	Used as: <input type="checkbox"/> Home <input type="checkbox"/> Rental	Owner:	Estimated value:  Amount owed:

**O. Does anyone own any motor vehicles? (Include working or not working)**

☐ Yes ☐ No

	Vehicle 1	Vehicle 2	Vehicle 3
Owner of vehicle			
Is vehicle leased?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Year/Make/Model			
License number			
Amount owed			
Is vehicle currently licensed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

COUNTY USE ONLY

FS Eligible Student

☐ YES ☐ NO

FS Eligible Student

☐ YES ☐ NO

Striker Regs Apply

☐ YES ☐ NO

Gross Monthly Income Earned from Job Before the Strike:

\$ \_\_\_\_\_

Voluntary Quit

☐ YES ☐ NO

Good Cause

☐ YES ☐ NO

Vehicle exempt?

☐ Produce Income

☐ Job/work training, other than daily commute

☐ Drive disabled FS HH member

☐ Home

☐ To get fuel/water for home

Net vehicle value less than \$1500?

Vehicle #1 ☐ Yes ☐ No

Vehicle #2 ☐ Yes ☐ No

Vehicle #3 ☐ Yes ☐ No

Countable value

Vehicle #1 \$ \_\_\_\_\_

Vehicle #2 \$ \_\_\_\_\_

Vehicle #3 \$ \_\_\_\_\_

**Total \$ \_\_\_\_\_**

# Statement of Facts

**P. Does anyone, including children, have any of the resources listed below? If yes, please explain below:**

☐ Yes ☐ No

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Cash or checks                         | <input type="checkbox"/> Mortgages             | <input type="checkbox"/> Employee deferred compensation | <input type="checkbox"/> IRA or Keogh Plans             |
| <input type="checkbox"/> Retirement funds                       | <input type="checkbox"/> Money market accounts | <input type="checkbox"/> Trust funds                    | <input type="checkbox"/> Oil, mining, or mineral rights |
| <input type="checkbox"/> Sales contracts                        | <input type="checkbox"/> Credit union accounts | <input type="checkbox"/> Checking or Savings accounts   | <input type="checkbox"/> Other                          |
| <input type="checkbox"/> Stocks, Bonds, Certificates of Deposit |  |   |   |

Type of resource	Owner	Current value	Amount owed (if any)	Name & Address of bank/institution	Account number

**Q. Does anyone, including children, get or expect to get money from any source listed below?**

☐ Yes ☐ No

- |  |   |   |  |
|--|---|---|--|
| • Cash assistance (CalWORKs, Refugee Assistance, CAPI, General Assistance/Relief, Tribal TANF) | • Veterans administration payments (Disability, Education, Aid and Attendance, etc) | • Other disability, retirement, survivors       | • Winnings (bingo, lottery, prizes, etc) |
| • State benefits (Unemployment or Disability Insurance Benefits)                               | • Social Security Benefits or SSI/SSP   | • Child/Spousal support                         | • Strike benefits                        |
|  | • Railroad retirement board (Disability or Retirement)                              | • Educational grants, loans and/or scholarships | • Training allowances                    |
|  |   | • Native American per capita payments           | • Other                                  |

Name	Source of money	How much?	How often?

**R. Is anyone in the home, including children, working or expecting to work in the next two months? If yes, explain below:**

☐ Yes ☐ No

Name	Employer/Address	# of hours worked per month	Monthly Gross income

**S. Does anyone pay for care of a child or disabled adult, so they can go to work, training, school, or look for a job? If yes, explain below:**

☐ Yes ☐ No

Name of person(s) who receives care	Name of person who pays	How much?	How often?
		\$	
		\$	

## COUNTY USE ONLY

Total Value = \_\_\_\_\_

SSI pending ☐ YES ☐ NO

Interim Assistance ☐ YES ☐ NO

GA ☐ YES ☐ NO

CAPI ☐ YES ☐ NO

Person #: \_\_\_\_\_

☐ Self -employed?

☐ Actual ☐ 40%

Is the caretaker a household member?

☐ YES ☐ NO

# Statement of Facts

**T. Does anyone else pay all or part of your child care costs?**  
If yes, explain below:

☐ Yes ☐ No

Name of person who pays	How much do they pay? \$ _____ per _____
-------------------------	---

**U. Does anyone in the home pay child support?**  
If yes, explain below:

☐ Yes ☐ No

Name of person who pays	Name of child(ren) getting child support	Amount paid per month	Court ordered?
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

**V. Do you or anyone living in the home have any housing costs?**

☐ Yes ☐ No

	Name	Total cost	Amount you pay	Amount family or other household members pay	How often billed
Rent or house payment		\$	\$	\$	
Property taxes and insurance (if separate)		\$	\$	\$	
Gas, electric, or other fuel used for heating or cooling		\$	\$	\$	
Water, sewage, garbage		\$	\$	\$	
Telephone		\$	\$	\$	
Other expense		\$	\$	\$	

**W. You can authorize someone else in your household or someone outside your household to pick up your food stamps. If you would like to authorize someone, complete below:**

Name of authorized representative	Address of authorized representative	Phone number
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**X. Are you interested in information or a referral for medical coverage (Medi-Cal or Healthy Families)?**

☐ Yes ☐ No

## COUNTY USE ONLY

Court order on file?  
☐ YES ☐ NO

Amount ordered: \$ \_\_\_\_\_

Total housing verified?  
☐ YES ☐ NO

Total housing  
\$ \_\_\_\_\_

Shared housing  
☐ YES ☐ NO

Utilities verified?  
☐ YES ☐ NO

Heating or Cooling verified?  
☐ YES ☐ NO

Client elects?  
☐ Actual ☐ SUA

If actual  
Total utilities  
\$ \_\_\_\_\_

SUA prorated?  
☐ YES ☐ NO

# Statement of Facts

## CERTIFICATION

- |  |  |
|--|--|
| <ul style="list-style-type: none"><li>■ I understand the questions on this form.</li><li>■ I understand that any facts that I have given, including benefit and income facts, will be matched with local, state, and federal records, such as employers, the Social Security Administration, tax, welfare, and employment agencies, etc.</li><li>■ I understand that the county will send information to the Immigration and Naturalization Service (INS) for verification of noncitizen status and to the Social Security Administration to check work quarters information for noncitizens applying for food stamp benefits.</li><li>■ I understand that the information the county gets from INS and/or Social Security may affect my eligibility for food stamp benefits.</li><li>■ I understand information, including benefit and income facts, that I have given on this form is subject to investigation and review by county, state, and federal personnel and that if I give incorrect facts my food stamp benefits may be denied or stopped.</li><li>■ I understand my rights and responsibilities (DFA 285 A3) and agree to comply with my responsibilities.</li><li>■ I understand the penalties, including the specific disqualification penalties for food stamp benefits, explained in DFA 285 A3, for giving incomplete facts, failing to report facts or situations which may affect my eligibility or benefits for food stamp benefits.</li></ul> | <ul style="list-style-type: none"><li>■ I understand that the food stamp household, any adult member of the food stamp household (even if they move out), the sponsor of a noncitizen household member or the authorized representative of residents in an eligible institution may be required to repay any benefits the household should not have received.</li><li>■ I understand that my case may be selected for additional review to ensure that my eligibility was correctly figured and that I must cooperate fully with county, state, or federal personnel in any investigation or review, including a quality control review.</li><li>■ I understand that any member of my household who is avoiding or running from the law to avoid a felony prosecution, custody or confinement after conviction or is in violation of their parole or probation cannot get food stamp benefits.</li><li>■ I understand that anyone who has committed and has been convicted of a drug-related felony for possession, use or distribution of a controlled substance since August 22, 1996, cannot get food stamp benefits.</li><li>■ I understand that if eligible, my benefits will be figured from the date I apply. I will be told if I am eligible or not within thirty (30) days after I apply.</li></ul> |
|--|--|

***I understand that, if the county has completed this form based on my answers, I have reviewed and I agree that the information has been accurately recorded. I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained in this statement of facts is true, correct, and complete.***

Signature (Adult Household Member or Authorized Representative)

Date

Signature of Witness or Interpreter

Date

Signature of Eligibility Worker

Date



## YOUR RIGHTS AND RESPONSIBILITIES

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When you apply for food stamp benefits, you have rights and responsibilities. Your most important right is to be treated fairly without regard to race, color, national origin, political beliefs, religion, gender, age or disability. If you think you have been discriminated against, you may file a complaint by:

1. Contacting your county's civil rights coordinator; or
2. Calling 916-654-2107 or 1-866-741-6241 (toll free) or, for the hearing or speech-impaired, 1-916-654-2098 (TDD); or,
3. Writing to:
  - **California Department of Social Service  
Civil Rights Bureau, MS 15-70,  
P.O. Box 944243  
Sacramento, CA 94244-2430**
  - or if you get Food Stamps **only**, write to:  
**U.S. Department of Agriculture,  
Food and Consumer Service, Civil Rights Office,  
550 Kearny Street, San Francisco, CA 94108-2518**

## YOUR RIGHTS

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As a food stamp applicant or recipient, you have the right:

- To get help to filling out your application or any other food stamp form.
- To ask for translated forms and notices if you don't read English.
- To be treated with courtesy, consideration and respect.
- To ask for oral interpretation of forms and notices if translated forms and notices are unavailable.
- To be interviewed promptly by the county when you apply and to have your eligibility determined within thirty (30) days.
- To have the face-to-face interview waived if you are unable to appoint an Authorized Representative and no household member is able to go into the Food Stamp office because everyone is 65 years old and over or physically disabled and no one has earned income.
- To have the face-to-face interview waived if you have a hardship and cannot get to the Food Stamp office.
- To discuss your case with the county and to review your case yourself when you request to do so.
- To be told the rules for getting emergency food stamp benefits. If the county thinks you might be eligible, you will get an interview immediately and food stamp benefits within three (3) days.
- To ask to have your Food Stamp I.D., authorization document, or issuance card, or food stamps replaced if lost in the mail, damaged, stolen or destroyed.
- To get written notice when your application is approved, denied, or when your benefits change or stop.
- To have your records kept confidential by the county and state, unless there is an outstanding felony arrest warrant issued for you, or as otherwise provided by law.
- To file a complaint or to ask for a state hearing within ninety (90) days of any action if you think the action was wrong. You can write to your County Welfare Department or call toll free 1-800-952-5253 or for the hearing or speech impaired (TDD) 1-800-952-8349.
- To be represented at a state hearing by yourself or by a household member, friend, attorney, or other person of your choice. You may get free legal help at your local legal aid office or welfare rights group.

## YOUR RESPONSIBILITIES

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As a food stamp applicant or recipient, you are responsible for meeting the following requirements:

- **Fingerprint and photo imaging.** California has a rule that says that everyone who is required to be fingerprinted and photo imaged must have their photo and fingerprint image taken in order for your household to receive food stamp benefits. If someone in your household who is required to be photographed or finger imaged refuses to do so, your household will not be able to get food stamp benefits. These images are confidential and can only be used to prevent or prosecute welfare fraud.

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## YOUR RESPONSIBILITIES (Continued)

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- **Citizenship/Immigration Status.** You must sign under penalty of perjury that each member applying for food stamp benefits is a U.S. citizen or U.S. national. If someone in your household is not a citizen you will need to provide verification of his or her immigration status. Information you give us on immigration status will be checked with the U.S. Immigration and Naturalization Service (INS), but it will only be used to determine food stamp eligibility. Information about immigration is private and confidential.

You can apply for and get food stamp benefits for eligible family members, even if your family includes other members who are not eligible because of immigration status. For example, immigrant parents may apply for food stamp benefits for their U.S. citizen or qualified immigrant children, even though the parents may not be eligible for benefits. You do not have to provide immigration information or documents for any family members who are not eligible for food stamp benefits and who are not asking for food stamp benefits. Getting food stamp benefits will not affect your immigration status or the immigration status of your family.

- **Social Security Number.** You must provide the Social Security Number (SSN) for everyone in your household who is applying. Anyone who does not give an SSN or proof of application for a SSN or proof of application for an SSN will not be able to get food stamp benefits.

The SSN(s) will be used in a computer match to check your income and resources with records from tax, welfare, employment, the Social Security Administration and other agencies. SSN(s) will also be matched with law enforcement agencies. Differences may be checked out with employers, banks or others.

- **Verification.** If your worker asks for proof of a fact you give, you must provide it or give us the name of some other person or agency we may contact to get it. When you can't get the proof you need, we may be able to help you get it.
- **Reporting.** Every food stamp household must report on their income and household situation. Most households have to report every month, but your worker will tell you whether you are a monthly or non-monthly reporting household.
- **Cooperation.** You must cooperate with county, state and federal staff. You may not get benefits or your benefits may be stopped if you don't cooperate.

- 12 months for the first violation
- 24 months for the second violation, and
- forever for the third violation.

These penalties start after a state hearing or court of law finds that an individual committed an IPV. In addition, there are separate penalties for other things you should not do. They are:

- If you are found guilty in any court of law of trading food coupons for controlled substances, food stamp benefits can be stopped for 24 months for the first violation and forever for the second violation.
- If you are found guilty in any court of law of trading food stamp coupons for firearms, ammunition or explosives, food stamps can be stopped forever for the first violation.
- If you sell or trade food stamps worth \$500 or more, food stamp benefits can be stopped forever.
- If you file more than one application at the same time and give false identification or residence information, food stamp benefits can be stopped for ten (10) years.

Also, anyone who is accused of committing an IPV may agree to be disqualified by signing either a Disqualification Consent Agreement or an Administrative Disqualification Hearing Waiver. Anyone who signs one of these documents accepts responsibility to repay any overissuance.

In addition, if you don't report all the facts or give wrong facts to get or keep getting benefits, you can be legally prosecuted with penalties of a fine and/or imprisonment. You may be found to have committed a felony if more than \$400 is wrongly paid out in food stamp benefits because you didn't report all of your facts or changes in income, property or family status.

If your household receives food stamp benefits, you must follow these rules:

- Don't give wrong or incomplete facts to get or keep getting food stamp benefits.
- Don't trade or sell food stamps, Food Stamp Authorization Documents (ADs), or issuance cards.
- Don't alter ADs or issuance cards to get food stamp benefits you are not entitled to get.
- Don't use food stamps to buy ineligible items such as alcoholic drinks or tobacco, paper or cleaning products.
- Don't use someone else's food stamps, ADs or issuance cards for your household.

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## PENALTIES AND DISQUALIFICATION

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Failing to follow the rules listed in this document can result in an Intentional Program Violation (IPV). The penalties for an IPV are disqualification as listed below, AND you can be fined up to \$250,000 and/or put in jail/prison for up to 20 years. Disqualification means not being able to get food stamp benefits for a period of time. When you are disqualified, the penalties stop your food stamp benefits for:

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## CERTIFICATION

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- I certify that I have received copies of “Your Rights and Responsibilities” (DFA 285-A3) and “How to Report” (FS 23). I understand my rights and responsibilities. I agree to comply with my responsibilities. I also understand the penalties for giving wrong or incomplete facts and failing to report facts or situations that may affect my eligibility or benefit level for food stamp benefits.
- I also certify that I have received a copy of “Applying for Food Stamp Benefits” (FS 22).

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SIGNATURE (ADULT HOUSEHOLD MEMBER OR AUTHORIZED REPRESENTATIVE):

DATE:

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SIGNATURE OF WITNESS OR INTERPRETER

DATE:

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I certify that I have informed the applicant/recipient of the above responsibilities and of the possibilities of criminal penalties for intentionally making false statements or failing to report information which affects food stamp eligibility.

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SIGNATURE OF INTERVIEWING WORKER

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DATE APPLICATION REVIEWED WITH CLIENT OR AUTHORIZED REPRESENTATIVE:

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# APPLYING FOR FOOD STAMP BENEFITS

The Food Stamp Program helps you buy nutritious food for you and your family. This document will tell you more about how the program works and what you need to do in order to apply for benefits.

The county food stamp office wants to get you the help you need. **If you have a disability or need help with applying or continuing to receive food stamp benefits, let a county worker know.**

The law says that everyone who applies for or receives benefits and services must be treated fairly. Every county has a civil rights coordinator. If you feel you have been discriminated against, contact the civil rights coordinator in your county or call 1-800-952-5253. Look in your application for more information about filing a complaint.

## HOW DO I APPLY?

You can apply for food stamp benefits by completing a food stamp application and returning it to a food stamp office in the county where you live. When you apply for food stamp benefits, you are applying for everyone in the household who buys and prepares food together, but you do not have to apply for people who are ineligible because of their immigrant status.

- ✧ If you need food stamp benefits right away because you don't have much money, you may get food stamp benefits within three days of turning in your application. This is called "Expedited Service." Not everyone can get Expedited Service, but it's a good idea to ask.
- ✧ After turning in an application, most people will be scheduled for an interview at the food stamp office. If you can't come to the office for your interview, you may be able to have your interview by phone, a worker may be able to come to your home, or other arrangements can be made. You may also authorize someone to go to the office and apply for you.
- ✧ During this interview, a county worker will go over the application and ask you more questions to complete the application process. You will need to gather the documents listed on this page and bring them to your interview.

## CHECKLIST OF THINGS TO BRING TO YOUR INTERVIEW

During your interview, the food stamp worker will need to see certain documents. If you have questions about what to bring, call the food stamp office. If you don't have all of your documents, be sure to go to your interview anyway--your worker may help you get the documents. They will also tell you if there is another way to show proof of the information you give.

### ☐ Personal Identification

You will need to prove who you are. You can bring a birth certificate, driver's license, school or work I.D., voter registration, Social Security card, a sworn statement from someone who knows you, or an identification form from General Assistance or General Relief. If you have no address, be prepared to tell the worker where you are staying. If you are an immigrant, bring immigration papers for everyone who is applying for food stamp benefits.

### ☐ Social Security Number

You will need to provide social security numbers for all members of your household who have them. You don't have to bring in the cards, just the numbers. If someone doesn't have a social security number, you need to bring proof (such as a letter from the Social Security office) that you have applied. You do not have to provide social security numbers for people who are not applying because of their immigrant status.

### ☐ Proof of Your Income

If you have income, you will need to prove how much income you have and where it comes from. For money you earn at a job, you can bring one of the following: your pay stubs, a letter from your employer on company letterhead, your W-2 form, wage tax receipt, state or federal tax return, or self-employment bookkeeping records. For money from benefit programs (like social security, unemployment or workers compensation, or student aid), bring a copy of your benefit check or an official letter describing what you receive.

### ☐ Proof of Your Assets

If you have bank account, bring a bankbook or current bank statement. Also, bring your vehicle registration or receipts for any vehicles you own. Vehicles include cars, trucks, boats, trailers, vans, campers, motorcycles, mobile homes, houseboats, jet skis, snowmobile, etc.

### ☐ Proof of Your Expenses

Bring rent or mortgage receipts, utility bills, receipts for child or adult care, and receipts for medical expenses for people over 60 or disabled. If you pay court-ordered child support, bring proof of that payment. Proving these expenses may help you get more food stamp benefits.

## WHAT YOU'LL BE ASKED AND WHY

During your interview at the county food stamp office, you will be asked a number of questions to determine whether you can get food stamp benefits and the amount of benefits you can get. Your worker is required by state or federal law to ask these questions.

### Questions about Immigration Status

You will be asked if members of your household are citizens. If they are not, your worker will ask when they arrived in the United States and for proof of their documentation. **If you are a lawful permanent resident (LPR), you are eligible for food stamp benefits, as long as you meet other eligibility rules.**

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## WHAT YOU'LL BE ASKED AND WHY

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Please keep in mind that the Food Stamp Program needs this information to determine whether the people in your household are eligible for food stamp benefits. If you are not a citizen or do not have documentation, you can receive food stamp benefits for your children if they are citizens or LPRs.

### Questions about Felonies

Your food stamp worker is required to ask you two questions about felonies. First, you will also be asked if anyone in your household is fleeing the law to avoid felony prosecution. Under federal law, fleeing felons are not eligible for benefits. Second, you will be asked if anyone in your household has been convicted of a drug felony that occurred after August 22, 1996. People convicted of a drug felony after August 22, 1996 cannot get food stamp benefits but other members of the household will still be able to receive food stamp benefits.

### Question about Fraud

Your food stamp worker is also required to ask if anyone in your household has ever committed welfare fraud. If someone has committed welfare fraud, it doesn't necessarily mean that you won't get food stamp benefits.

### Questions about Income

Your ability to get food stamp benefits depends partly on how much money and resources you have. Your county worker will ask you questions about your income to make sure you get the right amount of benefits.

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## SOME IMPORTANT FOOD STAMP RULES

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The Food Stamp Program has a lot of rules, but most of them depend on your specific situation. Here are some of the important ones:

### Immigration Status

To get food stamp benefits in California, you must be a U.S. Citizen, a U.S. National, or be someone who is a lawful permanent resident (LPR) of the U.S. If you are an undocumented immigrant, you cannot get food stamp benefits but your children may be able to get benefits if they are citizens or LPRs. Getting food stamp benefits will not affect your immigration status or the status of your family. Immigration information is private and confidential.

### Assets and Property

There is a \$2,000 limit on the amount of money that people in your household can have at home, in the bank, or in other places. If someone in your household is at least 60 years old, your household can have up to \$3,000. The value of your house does not count as long as you live in it.

In general, you can get food stamp benefits if you own a vehicle, as long as you would get no more than \$1,500 if you sold it OR if it is worth less than \$4,650. There are some exceptions to this rule, depending on what you use your vehicle for and whether it is licensed. Ask your food stamp worker to tell you more about these rules.

### Utilities

Your utility expenses (meaning things like gas, electricity, water, sewer, garbage and telephone expense) may be deducted from your income to help you get more food stamp benefits. When you apply, you may have a choice between using your actual utilities expenses OR using the Standard Utility Allowance (SUA).

The SUA is a single, fixed utility deduction that you may choose if you pay for heating or cooling separate from your rent or mortgage. If you don't have separate heating and cooling costs, you must use your actual utility expenses. The SUA will probably be higher than your actual utility expenses, which means that using the SUA may help you get more food stamp benefits.

### Living in the County

All of the food stamp rules are the same from county to county, but you must be living in the county where you apply for benefits. If you move to a different county, you will need to reapply at the office in the new county.

### Food Stamp Work Rules

If you are over 17 and under 60 years old, there are some work rules you may need to meet. You can be excused from the work rules for reasons such as mental or physical health problems that keep you from working, getting unemployment benefits, taking care of a child under age 6, or for other reasons that your worker can explain to you. If you are not excused, then some of the work rules you will need to meet may include keeping appointments taking a job the county sends you to, not turning down or quitting a job, looking for work, doing community service, or going to school or training. If you don't meet the work rules, your food stamp application may be denied or your food stamp benefits can be stopped for at least one, three, or six months.

### Food Stamp Work Rule for Adults Without Children

If you are over 17 and under 50 and you are not caring for a minor child, you may also have to meet another work rule. You can be excused from this work rule if you are pregnant, live in the same food stamp household with a minor child, have mental or physical health problems that keep you from working, or for other reasons that your county worker can explain to you. If you are not excused, you must meet the work rule by doing one or more of the following for a total of 20 hours per week: work, school, or training. Or, you must do community service for the number of hours the county tells you.

If you don't meet the work rule for three months during a three-year period, your food stamp benefits will stop unless you are excused. You can get food stamp benefits again by meeting the work rule for the number of hours that the county tells you. After that, you might be able to get another three months of food stamp benefits without having to meet the work rule.



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## SOME IMPORTANT FOOD STAMP RULES (Continued)

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### If you are self-employed

If you are self-employed, you can either deduct your actual business expenses or use a standard deduction of 40 percent of your gross income. Once you choose a method of figuring your self-employed net income, you can only change this method when you are re-certified for food stamp benefits or every six months, whichever happens sooner.

### Reporting

Most households must send a report on their income to the county each month in order to continue getting food stamp benefits. Other households must send in a report only when they have a change in income or household situation.

### College, Business or Vocational Students

You can get food stamp benefits if you are a student and you are working, enrolled in an employment and training program, disabled, getting cash assistance, over the age of 50, or the parent of young children.

### Amount of food stamp benefits

There is a limit to the number of food stamp benefits you can get each month. This amount is based on the number of people in your household and how much money you have each month after you pay for things like rent, utilities and child care.

If your household gets too many food stamp benefits by mistake, you may have to pay them back--even if it wasn't your fault that it happened.

**A note about rules:** If you do not understand a rule, please ask your worker to explain it. It's important to understand the rules so you can get as many food stamp benefits as your household is allowed to get.

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## USING YOUR FOOD STAMP BENEFITS

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### How do I get my food stamp benefits?

The way you get your food stamp benefits depends on the county where you live. Some counties will mail you coupon books with food stamp coupons in them. In other counties, you will receive a plastic card or authorization form that you will use to pick your food stamp coupons up at a food stamp outlet. Your worker will tell you how to get your food stamp coupon books in your county.

If your authorization form or food stamp coupons are lost, stolen or destroyed, call your worker right away. You may be able to get them replaced.

### How do I use my food stamp benefits?

You **can** use your food stamp benefits to buy almost all foods, as well as seeds and plants to grow your own food. You do not have to pay sales tax on any item you buy with food stamp benefits. Food stamp benefits are accepted at most large grocery stores, as well as some farmers markets, convenience stores and other places that sell groceries.

You **cannot** use food stamp benefits to buy alcohol, tobacco, pet food, some types of already cooked food, or anything that is not food (like toothpaste, soap, or paper towels).

Once you receive your food stamps, sign the food stamp coupon book. This will make it easier to trace if they are lost or stolen. Keep the food stamps in the coupon book until you are ready to pay for your food. Stores will not accept \$5 or \$10 food stamp coupons if they are not together with a coupon book that has the same serial number as the food stamps. Stores will accept loose \$1 food stamps.

### What happens if I no longer receive CalWORKs?

If you stop getting CalWORKs, you may still be able to get food stamp benefits. Food stamp benefits can help your family as you make the transition from welfare to work, so be sure to check with your worker about whether you can continue.

If you applied for both CalWORKs and food stamp benefits, but were denied CalWORKs, your original food stamp application will still be processed.

## HOW TO REPORT

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Everyone who receives food stamp benefits must report when their income or household situation changes. Most households have to report every month, but your worker will tell you whether you are a monthly or non-monthly reporting household.

The following list describes each type of reporting, but if you're not sure how to report changes, what changes to report, or what proof we need, be sure to ask your worker.

### MONTHLY REPORTING

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If your worker tells you that you are a monthly reporting household, you will need to turn in a complete Monthly Eligibility Report (CW 7) by the 5th day of each month.

When you turn in your monthly report, this information will be used to determine the amount of food stamp benefits you can get two months later. For example, your income and allowable expenses from January are used to figure the food stamp benefits you would get in March. This method is called retrospective budgeting.

#### You are required to report if:

- Anyone gets money from work, relatives, Social Security, Veterans benefits, tax refunds, or any other source, including self-employment.
- Anyone gets free rent or utilities.
- Anyone's job or training program changes.
- Anyone's income or source of income changes, starts or stops.
- Any child or any adult starts or stops school, college or training.
- You move in with someone else or anyone moves into or out of your home, including newborns, other children, spouses, absent parents, other relatives and non-relatives.
- Anyone moves to another address, plans to move, or gets a new mailing address. If you move to another county and you want to keep getting benefits, you must tell the county giving you aid and/or benefits AND ask for food stamp benefits again in the new county.
- Anyone gets payments or allowances for job, training or school expenses, such as educational grants and loans, transportation to and from job or training, etc.

- Anyone has job, training or school costs, such as dependent care, transportation, tuition, books, etc.
- Anyone has expenses that are paid for in total or in part by someone else, such as housing, utilities, medical, dependent care. etc.
- Any change in the order for court-ordered child support paid by a household member for a child not living in the home.
- Anyone gets, sells, gives away, or transfers property, such as a house, buildings or land; or personal property, such as money, a bank account, a motor vehicle, a boat, a trust fund. etc.
- Anyone's citizenship/immigration status of documentation changes, or they get a letter, form, or new card from INS.
- Anyone reaches 60 years of age.
- Any member of your household is avoiding or running from the law to avoid a felony prosecution, custody or confinement after conviction, or is in violation of probation or parole.
- Any member of your household has committed and been convicted of a drug-related felony for possession, use, or distribution of a controlled substance(s) that took place after August 22, 1996.

#### You may report the following changes to see if you can get more benefits:

- Any household member, who is disabled or age 60 or over, has changes in medical expenses or any new medical expenses.
- Any household member begins to pay court-ordered child support for a child not living in the home.

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## NON-MONTHLY REPORTING

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If your worker tells you that you are a non-monthly, or “change reporting” household, you will need to report the following changes within ten (10) days by:

- mail, telephone or in person at the County Food Stamp office OR
- turning in a DFA 377.5, Food Stamp Household Change Report OR
- turning in a Monthly Eligibility Report if you get cash aid.

### **You are required to report the following changes within ten (10) days:**

- Your total monthly income starts, stops, or changes by more than \$25.
- Anyone’s source of income changes.
- You move in with someone else or anyone moves into or out of your home, including newborns, other children, spouses, other relatives or non-relatives.
- Anyone moves to another address, plans to move, or gets a new mailing address.
- Your household’s total cash, stocks, bonds, or other money is more than \$2000 (or \$3000 if someone in your household is age 60 or over).
- If there is a change in the amount of any court-ordered child support paid by a member of the household for a child not living in the home.
- Any member of your household is avoiding or running from the law to avoid a felony prosecution, custody or confinement after conviction, or in violation of probation or parole.
- Any member of your household has committed and been convicted of a drug-related felony for possession, use, or distribution of a controlled substance(s) that took place after August 22, 1996.

### **You *may* report the following changes to see if you can get more benefits:**

- Anyone reaches the age of 60.
- Any household member, who is disabled or age 60 or over, has changes in medical expenses or any new medical expenses.
- Anyone in the household begins or ends a physical or mental illness.
- You have changes in your dependent care costs.
- Anyone’s citizenship/immigration status or documentation changes, or they get a letter, form, or new card from INS.
- Any household member begins to pay court-ordered child support for a child not living in the home.